

FILED JUN 6 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15846

State File No.

BIRTH NO. REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>IMPERIAL MO ROCK TOWNSHIP</u>		c. CITY OR TOWN <u>IMPERIAL MO</u>	
c. LENGTH OF STAY (in this place) <u>15YRS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION.		e. STREET ADDRESS (If rural, give location) <u>IMPERIAL MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>SMITH</u> c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 31, 1883</u>
9. AGE (In years last birthday) <u>71</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED STREET CAR OPERATOR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KIMMSWICK MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>NELLIS AARON SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>HATTIE GULEY SMITH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>493 10 9316</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HATTIE SMITH</u> ADDRESS <u>IMPERIAL MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DUE TO (b) <u>4.222</u> DUE TO (c) <u>Family</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Imperial Jefferson MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Oct 1954 to May 24, 1955, that I last saw the deceased alive on May 24, 1955, and that death occurred at 9:30 m. from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Reich M.D.</u> (Degree or title)	23b. ADDRESS <u>Imperial MO</u>	23c. DATE SIGNED <u>5/27/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 27-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RAUSCHENBACH CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>IMPERIAL MO.</u>
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DATE REC'D BY LOCAL REG. <u>5-28-55</u>	REGISTRAR'S SIGNATURE <u>Ruth J. J...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTAG FUNERAL HOME, IMPERIAL, MO.</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 2 1955

W 9 AM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Elmer A. Hightag*

Licensed Embalmer No. *357*

P. O. Address *Imperial*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.